Department of Toxic Substances Control



Biennial Hazardous Waste Report

E-mail: brsstaff@dtsc.ca.gov Business Operations Unit



WHY DO THIS REPORT?

- Required by law
- Measures waste minimization efforts in industry groups
- Improves understanding of hazardous waste generation and management
- Summarizes and communicates the results of the reporting effort to the public.



WHO HAS TO FILE?



- RCRA Large Quantity Generators (LQGs)
- Treatment, Storage, and Disposal Facilities (TSDFs)
- One time clean-up: Generated 220 lbs. or more of acute RCRA waste





RCRA LARGE QUANTITY GENERATORS (LQGS) (CFR TITLE 40 § 262.41)

- ▶ Generated, in any single calendar month, (including quantities imported by importer site) 1,000 kg. (2,200 lbs.) or more of RCRA non-acute hazardous waste, OR
- ▶ Generated, in any single calendar month, more than 1 kg. (2.2 lbs.) of RCRA <u>acute</u> hazardous waste, OR
- ▶ Generated, in any single calendar month, more than 100 kg. (220 lbs.) of spill cleanup material contaminated with RCRA <u>acute</u> hazardous waste.



REQUIRED FORMS

- RCRA Subtitle C Site Identification Form (SI Form)
- Generation and Waste Management Form (GM Form) and/or
- Waste Received from Off-site Form (WR Form)

PLEASE DO NOT SUBMIT...

- OI Forms
- Non-RCRA waste information (except TSDFs)



QUICK AND EASY FILING!



File electronically at:

DTSC Hazardous Waste Reporting System



WHY FILE ELECTRONICALLY?

- 1. No paper form to complete.
- 2. It's simple, easy, and quick.
- 3. The new database provides your site location information; you just verify it.
- 4. No more errors! The database automatically tells you if you have an error.
- 5. No more lost Biennial Reports.
- After you file electronically, all you need to do is sign and send in the last page of your Site Identification Form.
- 7. You can review your report after filing.

WHATIS MANDATORY?

SUBTITLE C SITE IDENTIFICATION FORM (SI FORM)

SITE ID (PAGE 1)

Still want to fill out the forms?

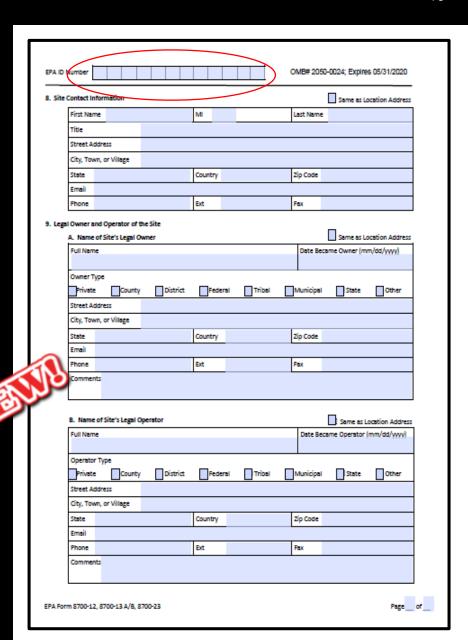
- Reason for Submittal: check the second two boxes
- 2-3. Enter your information
- 4. Do not change location!
- 5-6. Enter your information
- If you do not know your code, go to www.naics.com

				OMB# 205	0-0024; Ex	pires 05/31/20
United	States Environ	mental Pr	rotection /	Agency		- CONTRACTOR
RCRA	SUBTITLE C SIT	TE IDENTI	FICATION I	FORM		N nome
Submittal (Select on	ly one.)					
Obtaining or upda	ating an EPA ID numb	per for an on-	going regulate	d activity that w	ill continue f	for a period of
+	omponent of the Haz	ardous Waste	Report for	(Rep	orting Year)	
waste, o	a TSD facility and/or r > 100 kg of acute h equivalent LQG regu	azardous was				
Notifying that reg	ulated activity is no I	longer occurri	ng at this Site			
Obtaining or upda	ating an EPA ID numb	per for conduc	ting Electroni	c Manifest Broke	er activities	
Submitting a new	or revised Part A For	rm				
Number						
reunioci						
			Ī			
on Address						
on Address t Address						
TATE OF TAXABLE				County		
t Address	Country			County Zip Code		
t Address Town, or Village	Country			-		
t Address Town, or Village	Country			-		as Location Addi
t Address Fown, or Village g Address t Address	Country			-	_	as Location Addi
t Address Town, or Village				Zip Code	_	as Location Addr
t Address Fown, or Village g Address Address fown, or Village	Country			-	_	as Location Addr
t Address Fown, or Village g Address t Address	Country			Zip Code	_	as Location Addi
t Address Fown, or Village g Address Address fown, or Village	Country	Federal		Zip Code	Same	
t Address Fown, or Village g Address Address Cown, or Village ype vate County	Country			Zip Code	Same i	
t Address Fown, or Village g Address Address Cown, or Village ype vate County	Country			Zip Code	Same i	

SITE ID (PAGE 2)

Make sure your EPA ID number is at the top of each page.

- 8. Complete ALL sections.
- 9. Enter **ALL** information
 - Include email and phone number.



SITE ID (PAGE 3)



10A. This section changed; please read carefully

You **must** check either "Y" or "N' – do not leave blank

10B. Include **BOTH** federal and state waste codes

			Activity (at current acti	vities (as of the da	ate submitting the	form); complete	any additional bo	xes as instructed.
A. H	azardous	Waste A	ctivities					
Y	N	1. Ger	erator of H	azardous Waste—	if "Yes", mark onl	y one of the follow	ving—a, b, c	
			a. LQG	1,000 kg/mo (2,2) - Generates, in ar (2.2 lb/mo) of acc - Generates, in ar	y calendar month 00 lb/mo) or more ny calendar month ute hazardous was ny calendar month ute hazardous spi	of non-acute has to or accumulates te; or or accumulates a	zardous waste; or at any time, more at any time, more	than 1 kg/mo
			b. SQG		no (220-2,200 lb/i ute hazardous wa eanup material.			
			c. VSQS	Less than or equa	si to 100 kg/mo (2	20 lb/mo) of non-	acute hazardous	waste.
If "Y	es" above	e, indicat	te other gen	erator activities in	2 and 3, as applic	able.		
	□N	proces	ses). If "Yes	nerator (generates 5", provide an expl nazardous and radi	lanation in the Co	mments section.	ent and not from o	on-going
	■ N	4. Tres		or Disposer of Haz			waste Part B per	mit is required fo
ΠY	N	_		dous Waste from (Off-site			
ΠY	N	6. Recy	cler of Hazz	ardous Waste				
			a. Recycles	who stores prior	to recycling			
	_		-	who does not sto				
Y	N	7. Exer	_	nd/or Industrial Fu		mark all that apply	<i> </i> -	
\vdash		-	_	uantity On-site Bu				
				g, Melting, and Re				
B. W	dled at yo	ur site. I		ulated Hazardous the order they are e needed.				
C. Wa	s handle	d at your		d (non-Federal) H				
C. Wa		d at your						

SITE ID (PAGE 4)

11A-C. These sections changed; please read carefully

You **must** check either "Y" or "N' – do not leave blank

ID Number		OMB# 2050-0024; Expires 05/31/202
A. Other Wa		te Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.) vities
Dr Dn	1. Tra	nsporter of Hazardous Waste—If "Yes", mark all that apply.
<u> </u>	_	a. Transporter
-	-	b. Transfer Facility (at your site)
п.п.	2 10	derground Injection Control
	111000	ited States Importer of Hazardous Waste
		cognized Trader—if "Yes", mark all that apply.
1 10		a. Importer
1	-	b. Exporter
D. D.	5 Im	 Exporter Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark at
N N	that a	pply.
		a. Importer
		b. Exporter
.16		100 c c c c c c c c c c c c c c c c c c
B. Universal		
Y N	1. Larg apply.	e Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that Note: Refer to your State regulations to determine what is regulated.
		a. Batteries
		o. Pesticides
		:. Mercury containing equipment
		1. Lamps
		e. Other (specify)
		Other (specify)
	_	. Other (specify)
Y N		stination Facility for Universal Waste Note: A hazardous waste permit may be required for this
	acovity	
C Used Oil A	-	
		Oil Transporter—if "Yes", mark all that apply.
TIN	-	
		a. Transporter
		b. Transfer Facility (at your site)
YN	Z. Used	Oil Processor and/or Re-refiner—if "Yes", mark all that apply.
		a. Processor
		b. Re-refiner
		pedification Used Oil Burner
Y N	3. Off-5	pedification Used Oil Burner Oil Fuel Marketer—If "Yes", mark all that apply.
Y N	3. Off-9 4. Used	
Y N	3. Off-5	Oil Ruel Marketer—if "Yes", mark all that apply.

SITE ID (PAGE 5)

- 12. California does not participate in Subpart K always check "N"
- 13. Check "N" as this is not included in the Biennial Report
- 14. Check "N." California does not participate in the LQG Consolidation of VSQG Hazardous Waste

EPA ID Number	OMB# 2050-0024; Expires 05/31/2020
	ic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous 40 CFR 262 Subpart K.
V N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
	College or University
	Teaching Hospital that is owned by or has a formal written affiliation with a college or university
	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
Y N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.
13. Episodic Gener	ati
Y N	Are you an SQS or VSQS generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Ad- dendum for Episodic Generator.
14. LOG Consolidat	ion of VSQG Hazardous Waste
Y N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
	195 City Clause Sea - Control Season Intil a Sea (CAS) (autional OR Fating Faith, forming)
15. NOUNCEUON OF	LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)
	LOG Site Closure of a Central Accumulation Area (CAA) or Entire Facility
Y N	LOG Site Closure of a Central Accumulation Area (CAA) or Entire Recility.
Y N	A. Central Accumulation Area (CAA) Entire Facility
Y	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy
V N	A. Central Accumulation Area (CAA) Entire Facility
∏y ∏n	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy
N N	A. Central Accumulation Area (CAA) . Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
Y N	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy
	A. Central Accumulation Area (CAA) . Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
	A. Central Accumulation Area (CAA) . Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)
	A Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8) Hazardous Secondary Material (HSM) Activity A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you
16. Notification of	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8) Hazardous Secondary Material (HSM) Activity A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material. B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.
	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8) Hazardous Secondary Material (HSM) Activity A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material. B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

SITE ID (PAGE 5, CONTINUED)

- 15. If your site closed the Central Accumulation Area or the entire facility, check "Y" and complete this entire section
- 16. California does not participate in Hazardous Secondary Material activity; check "N"

17. Check "N." If you are notifying us that you are an Electronic Manifest Broker, you must send DTSC a separate form

EPA ID Number	OMB# 2050-0024; Expires 05/31/202
EPA ID NUMBE	OWD# 2000-0024, Expires 03/31/202
	nic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazan 40 CFR 262 Subpart K.
Y N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the item-by-item instructions for defini-
	tions of types of eligible academic entities.
	1. College or University
	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
Y N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.
3. Episodic Gener	ration
Y N	Are you an SQS or VSQS generating hazardous waste from a planned or unplanned episodic event, lastin no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.
4. LQG Consolida	tion of VSQG Hazardous Waste
Y N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17[f]? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
E Notification of	LOG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)
Dy DN	
1 1	A Central Accumulation Area (CAA) Entire Facility
-	
	B. Expected closure date:mm/dd/yyyy
	C. Requesting new closure date: mm/dd/yyyy
	D. Date closed :mm/dd/yyyy
	In compliance with the closure performance standards 40 CFR 262.17(a)(8)
	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)
6. Notification of	Hazardous Secondary Material (HSM) Activity
	A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? if "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
V N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation of site.
7. Electronic Man	nifest Broker

SITE ID (PAGE 6)

18. Short term generator?

You MUST include comments.

19. **NEW** Include the email of the signer.

You must send DTSC this page if you complete the report online.

ORIGINAL (not photocopied) signatures

EPAII	0 Number	OMB# 2050-0024; Expires 05/31/2020
3. Con	nments (include item number for each comment)	
pervisi submit	ertification I certify under penalty of law that this document and a ion in accordance with a system designed to assure that qualified p tted. Based on my inquiry of the person or persons who manage th	ersonnel properly gather and evaluate the information e system, or those persons directly responsible for gath-
sware	the information, the information submitted is, to the best of my kn that there are significant penalties for submitting false information	n, including the possibility of fines and imprisonment for
	ng violations. Note: For the RCRA Hazardous Waste Part A permit 70.10(b) and 270.11).	Application, all owners and operators must sign (see 40
	Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
	Printed Name (First, Middle Initial Last)	Title
→	Email	
	Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
	Printed Name (First, Middle Initial Last)	Title
	Email	

SITE ID: ADDENDUM

California does not participate in Hazardous Secondary Material Activity

DO NOT COMPLETE

PA ID Number								OMB# 2050-0024; Ex	pires 05/31/2020
							=		

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



ONLY fill out this form it:

- You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2[30], 261.4[a](23), (24), or (27) (or state equivalent; See https://www.epa.gov/epawaste/hazard/dsw/ statespf.htm for a list of eligible states; AND
- You are or will be managing excluded HSM in compliance with 40 CFR 260.30, 261.4(a)(23), (24), or (27) (or state
 equivalent) or have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to
 manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information
 regarding your hazardous waste activities in this section. Note: If your facility was granted a solid waste variance
 under 40 CFR 260.30 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under
 the previous regulations and you are not required to notify for the HSM management activity excluded under 40
 CFR 260.30.



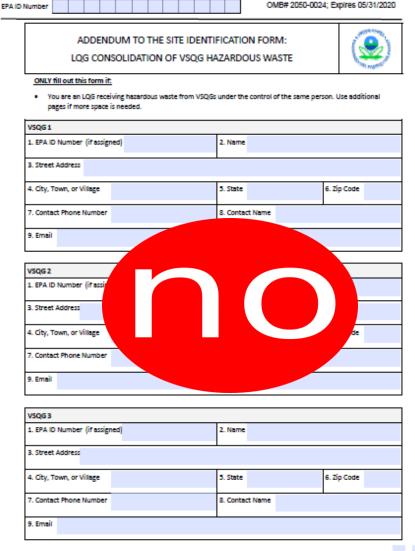
EPA Form 8700-12, 8700-13 A/B, 8700-23

Page __ of __

LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE ADDENDUM

California does not participate in the LQG Consolidation of VSQG Hazardous Waste

DO NOT COMPLETE



GENERATION AND WASTE MANAGEMENT (GM)FORM

GM FORM - WASTE ACTIVITY



You need a GM Form for <u>each</u> type of waste generated.

- Waste generated and shipped in the reporting year
- Waste generated in the <u>previous</u> year and shipped in the reporting year
- Waste generated in the reporting year and shipped in the <u>following</u> year.

EPA ID Number			OM	B# 2050-00	24; Expires (05/31/2020
United States Enviro HAZARDOUS WASTE R WASTE GENERATION AN	EPOF	RT	reporting cyc	ie)	1	(2)
Waste Characteristics						
A. Waste Description						
B. EPA Hazardous Waste Code(s)						
C. State Hazardous Waste Code(s)						
D. Source Code		Management	Method Code	(Source Cod	e G25 only)	
E. Form Code		F. Waste Min	imization Code	:		
G. Quantity UOM	Ш	Density			☐ lbs/ga	□ %
2. On-site Generation and Management of Hazardous	Waste					
Y N Was any of this waste that was g continue to On-site Process Syst		ed at this facilit	y treated, disp	osed, and/or	r recycled on-:	site? If yes,
Process System 1 Management Method C	ode		Quantity			
Process System 2 Management Method C	ode		Quantity			
Off-site Shipment of Hazardous Waste	is gener	rated at this fac	ility shipped o	ff-site for tre	atment, dispo	sal, or recy-
Site 1						
B. EPA ID of facility to which waste was shippe	C.	Management I	Method Code	D. Total C	Quantity Shipp	ed
Site 2						
B. EPA ID of facility to which waste was shippe	d C.	Management	Method Code	D. Total C	Quantity Shipp	ed
Site 3						
B. EPA ID of facility to which waste was shippe	d C.	Management	Method Code	D. Total C	Quantity Shipp	ed
4. Comments						
EPA Form 8700-12, 8700-13 A/B, 8700-23						Page

			ILE MA					DI					
UNIFORM HA	ANIFEST	CAROO	te (12-pitch) typer orber 0090085	witer.)	2. Page 1 c	3. Emergency Re 888-423-4	080	199		558	Approved		. 2050-0 IJK
State of 1011 N Glendel	Name and Maling A of CA Dept. of L Grandview de, CA 9120 one: 048 5 1 Company Name	Todo Subs	tances Contro	1			stress (if citien 56th Stree geles, CA	f 9001	1		2	61	
	en Interreted		nc					Ĩ	U.S. EPAID I	R00014	8338		- 1
	Facility Name and S			-74				_1	U.S. EPAID I			_	_
5 755	outh Boyle A	OFA BRO						-9	CAI	D09703	0993	>	
9n 9b.U.S.	B. DOT Description (including Proper	Shipping Name, Ha	zard Class, ID No	umber,	10. No.	Containers Typ		11. Total Quantity	12. Unit	13	Waste Co	des
	A3082, Hazan	dous Weste	Liquid, N.O.S	i., 9, PGIII		1	Т	1,	600	G	132	D007	
3.								1					
3.						- 8				-			+
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	nding instructions a			bs eer webure	es em annov	imeta			RSL				
14. Special Han Wester of Water of Julist: 2 15. General marked an Exporter, I I certify the	ppropriate PF contaminated 29:003-19 FOR SIOP FEROR'S Id labeled placarded certify that the cont at the waste minimize	E white has with Chram Profit CERTIFICATIO , and are in all n ents of this cons also this cons	ndling. Weightum sir: P169175 N: Thereby declare espects in proper co- ignment conform to	that the contents notion for transp the terms of the	s of this consignmen on according to app stached EPA Ackno n a large quantity go	It are fully and accura ricable international a wiedgment of Conser enerator) or (b) (if I am	nd national gov f.	emment	the proper shall regulations.	ipping nam	20 e, and are di ipment and	I am the Pr	
14. Special Hern Wester of Whater of Judish: 2 15. GENERAT marked an Exporter, 1: I conflin the GENERATOR'S	ppropriate FF constantinated 28003-19 FOR SIGN FEROR'S of labeled placarded cently that the cont at the waste minimizeron's Printed/Typed	E white hear with Chram Profit CERTIFICATIO , and are in all n ents of this cons alion statement	ndling. Weightum sir: P169175 N: Thereby declare espects in proper co- ignment conform to	that the contents notion for transp the terms of the	of this consignment of seconding to applicate EPA Acting in a large quantity gr	it are fully and accura- ricable international a wiedgment of Conser- enerator) or (b) (if I am ignature	nd national gov f. a small quanti	emment	the proper shall regulations.	ipping nam	20 e, and are di ipment and		
Veger by Water Co. State C	ppropriate PP confaminated 28003-19 OR storFEROR'S districted placered to etily but the con- at the waste mining erors Printed Typed V/OFEROR'S PRINTE I Shipmens nature (for exposts of	E white haz Profit CERTIFICATIO , and are in all in ents of this cons ation statement Name Oh Inport to nity):	nding. Weightum ##: P169175 N: Thereby declare speeds in proper conform to destribed in 40 CFR behalf U.S.	that the contents notion for transp the terms of the	s of this consignmen on according to app stached EPA Ackno n a large quantity go	It are fully and accura- ficable international a wiedgment of Conser- enerator) or (b) (if I am ignature	nd national gov f.	emment	the proper shall regulations.	ipping nam	20 e, and are di ipment and	I am the Pr	
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West at Water of Water of Judy 8, 15 GENERAT meshed an Expose, 1 control of GENERATE SECTION 15 CONTROL OF THE MESHED OF T	ppropriate PT contaminated 25003-19 OR soft FEROR's d labeled pacerded certly that the cert at the waste minimize the waste minimize Finded Type of JOHEROR'S PRIME I Shipments nature (for exports of Admovedgment of	E white haz with Chram Profit Certificatio, and are in all in erits of this consider statement. Name Oh William Import to mily!	nding. Weightum SR: P169175 N: I hereby declare espects in proper to declare the proper to desirated in 40 CFR behalf U.S.	that the contents of the contents of the contents of the 262.27(a) (f) an	s of this consignment of according to app shacked EPA Action in a large quantity of Export from	nt are fully and accurse fully and accurse full and accurse full accurate full accurat	nd national gav it. a small quanti of entrylexit: a leaving U.S.:	emmerili	D13 the proper shall regulations. stor) is true.	ipping nam	20 e, and are di ipment and M.	am the Property D	imary ay Ye O
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GM FORM: SECTION 1

FPA ID Number Reporting Cycle **Section 1:** A: Waste Description B: EPA hazardous Waste Codes C: State Hazardous Waste Codes D: Source Code a. Source Code G25: i. Must enter Management Method Code ii. **CANNOT** be H141 E: Form Code a. Form Codes may change when the Source Code is G25 F: Waste Minimization Code G: Quantity

a. Unit of Measurement (UOM)

b. Density

EPA ID I	Number							OME	# 2050	-0024; Ex	pires 05/31/	2020
	v	HAZAI	ed States E RDOUS W/ GENERATIO	ASTE REF	POF	г	(rep	orting cycl	e)		(2)	
1. Was	te Characteristic	8										
	A. Waste Desc	ription										
	B. EPA Hazard	ous Wast	te Code(s)				-					
	C. State Hazaro	dous Was	te Code(s)									
	D. Source Code	•			Г	Manageme	nt Me	thod Code (Source (Code G25 o	only	
	E. Form Code					F. Waste Mi	nimiz	ation Code				
	G. Quantity			JOM	П	Density					ibs/gal 🗌 s	6
2. On-si	ite Generation a	and Mana	agement of Ha	szardous W	aste							
			of this waste th to On-site Prod			ed at this faci	lity tre	eated, dispo	sed, and	d/or recycle	ed on-site? If	fyes,
	Process System	m1 M	lanagement M	lethod Code	:		Qu	entity				
	Process System	m 2 M	lanagement M	lethod Code	:		Qu	antity				
3. Off-s	ite Shipment of	Hazardo	us Waste									
			y of this waste		ener	ated at this f	scility	shipped off	-site for	trestment	, disposal, or	recy-
	Site 1											
	B. EPA ID of fa	cility to w	rhich waste wa	as shipped	C.	Managemen	t Metr	hod Code	D. Tot	al Quantity	Shipped	
	Site 2				-							
	B. EPA ID of fa	crity to w	inich waste wa	as shipped	C.	Managemen	t Meth	hod Code	D. Tot	tal Quantity	Shipped	
	Site 3											\dashv
	B. EPA ID of fa	cility to w	hich waste wa	as shipped	C.	Managemen	t Metr	hod Code	D. Tot	al Quantity	Shipped	
4. Com	ments											

EPA Form 8700-12, 8700-13 A/B, 8700-23

GM FORM: SECTIONS 2 & 3

Section 2

Most sites check "N"

Section 3

- A. Most sites check "Y"
- B. EPA ID of receiving facility
- C. Management Method Code
- D. Total quantity shipped (to this receiving facility)

You can include more than one receiving facility on the same GM Form as long as the Waste Description, Source and Form Codes, and Unit of Measurement (UOM) are the same.

•								
EPA ID I	Number				ON	1B# 2050-00	24; Expire	s 05/31/2020
	U	Inited States Er	nvironme	ntal Protecti	ion Agenc	v		September 1
	l	ZARDOUS WAS			_	•		
	l	TE GENERATIO						San march
					(2)			
1. Wast	te Characteristics							
	A. Waste Description	n						
	B. EPA Hazardous	Waste Code(s)						
	C. State Hazardous	Waste Code(s)						
	D. Source Code			Management	Method Code	(Source Cod	e G25 only	
	E. Form Code			F. Waste Mini	imization Cod	e		
			UOM	Density			☐ lbs/	gal 🛮 🧣
2. On-si	ite Generation and I	Management of Haza	ardous Wast	te				
		any of the waste tha	t was genere		y treated, dis	posed, and/or	recycled o	n-site? If yes,
		nue to On-site Proce	-					
	Process System 1	Management Me			Quantity Quantity			
		- Continue			Quantity			
	ite Shipment of Haz							
	□Y □N A W	s any of ***aste to yes, continue to S	hat was gen ite 1.	erated at this fac	ility shipped o	off-site for tre	atment, dis	posal, or recy-
	Site 1	,						
	B. EPA ID of facility	to which waste was	shipped C	. Management I	Method Code	D. Total C	uantity Shi	pped
4	* •							
	B. EPA ID of facility	to which waste was	shipped (. Management I	Method Code	D. Total C	Juantity Shi	pped
	Site 3							
	B. EPA ID of facility	to which waste was	shipped 0	. Management I	Method Code	D. Total C	Juantity Shi	pped
I								
4. Com	ments							

WR FORM

WR FORM

TSDF's ONLY!!

Generators <u>DO NOT</u> fill out the WR form

ALL sections for each waste handler **MUST** be completed.

EPA ID N	lumber				O	MB# 2050-002	24; Expires 0	5/31/2020
	HAZ	ited States ARDOUS W ASTE RECE!	ASTE REPO	ORT	(reporting y	ear)	· www	
1 Wa	este 1							
	Waste Description							
В.	EPA Hazardous We	aste Code(s)						
c.	State Hazardous W	aste Code(s)						
D.	EPA ID Number			E. Form Code		F. Manageme	nt Code	
G.	Quantity		UOM	Density			lbs/gal	□ %
2. Wa	aste 2 Waste Description:							
В.	EPA Hazardous We	aste Code(s)						
C.	State Hazardous W	aste Code(s)						
D.	EPA ID Number			E. Form Code		F. Manageme	nt Code	
G.	. Quantity		UOM	Density			lbs/gal	□ %
3. Wa	aste 3							
A.	Waste Description:							
В.	EPA Hazardous We	aste Code(s)						
C.	State Hazardous W	aste Code(s)						
D.	EPA ID Number			E. Form Code		F. Manageme	nt Code	
G.	. Quantity		UOM	Density			☐ lbs/gal	□ %
4. Cor	mments							

9 HELPFUL TIPS

- Unable to use the online database? Submit a paper copy and make sure all entries are legible. Proofread your forms.
- 2. Sign and date the Site ID form. (Preferably in blue ink)
- Include your CA waste codes on your SI, GM and/or WR Forms.
- 4. If you have flat files to submit, save your report to a USB drive (WIN 32 FAT) or CD-ROM, include the signed Site ID form, and send to DTSC.
- 5. If you are a TSDF, include your Form CC or CO.

9 HELPFUL TIPS

- 6. Don't report CA-only waste if there are no RCRA components (except TSDF's).
- 7. Include the density field when the reporting unit is gallons, liters, or cubic yards (UOMs 5, 6, or 7).
- 8. Submit an exemption request form if you are not submitting your Biennial Report.
- 9. Keep a copy of the completed report/exemption request for your records.

Note: Materials submitted will NOT be returned

MATERIALS POSTED ON DTSC'S WEBSITE AT:

DTSC.CA.GOV

Click on this link to file
electronically: DTSC
Hazardous Waste
Reporting System

Click on this link for Biennial Report information and forms: Biennial Reports Information Click on this link for Annual Report information and forms: Annual Facility Reporting Information Click on this link for contact and mailing information: Hazardous Waste/Annual Reports
Contact Information

MANDATORY:

Send DTSC the Certification page of your SI Form

Department of Toxic Substances Control Biennial/Annual Report MS 11-27 PO Box 806 Sacramento, CA 95812-0806

OR

Department of Toxic Substances Control Biennial/Annual Report 1001 | Street MS 11-27 Sacramento, CA 95814

HOW TO CONTACT DTSC:



brsstaff@dtsc.ca.gov

